Pre-certification of Qualified Enterprise Zone Business

INSTRUCTIONS

New—Beginning January 1, 2012, pre-certification is required prior to performing activities that are eligible for Enterprise Zone income tax credits. Both pre-certification and the typical certification process can now be facilitated electronically through the Enterprise Zone web page www.AdvanceColorado.com/EZ.

PRE-CERTIFICATION

After reading and signing the affirmation statement for your business, give the form to your Enterprise Zone Administrator. Enterprise Zone Administrators will sign their affirmation statement and return the form to the business.

Certification instructions: All claimants must complete Section I. Complete any part of Section II, including business address, that applies to your tax situation. If you have more than one business location in this enterprise zone that requires precertification, attach a list of business locations to this form.

Complete this form only if you cannot do so electronically. Electronic submissions reduce errors that tend to delay the processing of your applications and income tax returns.

For a list of Enterprise Zone Administrators visit www.AdvanceColorado.com/EZ

I certify that I am aware of the Enterprise Zone program, that Enterprise Zone tax credits a startup, expansion or relocation of my business in the Enterprise Zone, and I acknowledge activities that shall commence after the date that the Enterprise Zone administrator signs the end of my business's current income tax year.	that this pre-certification is for					
Business Owner or Authorized Company Official Signature	Date					
I hereby certify to the State of Colorado, Department of Revenue, that the above named factorized Enterprise Zone; and hereby pre-certify this business in my Enterprise Zone.	cility is entirely within the					
Enterprise Zone Administrator	Date					
SECTION I						
For tax years beginning after August 6, 2002, this certification is public record and copies will be available administrator.	from the enterprise zone					
Check here if this certification is for an earlier tax year and is a confidential tax document: Tax year beginning date	, 20					

This form certifies that your facility is located within the boundaries of a Colorado Enterprise Zone, and collects information required by §39-30-103(4), C.R.S.

To claim the Colorado Enterprise Zone income tax benefits:

- Calculate your Colorado Enterprise Zone Tax Credits, following the instructions on Form 112CR (Corporation), 106CR (Partnership/S Corp), or 104CR (Individual).
- If filing electronically, you can expect an email from your Enterprise Zone Administrator within 3–4 business days of submission. Or, if you must file on paper and would like a copy of this form returned to you by the Enterprise Zone Administrator, be sure to enclose a self-addressed stamped envelope.
- DO NOT SEND THIS FORM TO THE DEPARTMENT OF REVENUE OR OFFICE OF ECONOMIC DEVELOPMENT AND INTERNATIONAL TRADE FOR CERTIFICATION.
- Submit a copy of the **certified** form when you file your Colorado Income Tax return. Certification is not required for an Enterprise Zone Investment Tax Credit of less than \$450. A new form is required each year you claim Colorado Enterprise Zone Tax Credits.
- Note to "S" Corporation and Partnership filers: Please provide to all appropriate partners and shareholders a copy of
 the certificate along with a calculation of their proportionate share of any enterprise zone credits claimed and attach
 a copy of the DR 0078A to specify the partner/shareholder name, ID number and amount of credit passed through
 to them.

			SECTIO	II NC							
						ere if a certification has been filed cility in a prior year:					
information.	Enterprise Zone					Type of Bus. (retail, mfg, farm, etc)					
	Business Name					NAICS code from www.census.gov/naics					
	Address—Actual Location of Facility (street, city, ZIP)					Colorado Account Number					
	Date facility began operations at this location					Social Security Number or FEIN					
	Did this facility relocate from an	☐ Ye	☐ Yes ☐ No			Business Telephone Number					
	The following information is required regardless of whether or not any jobs credits are being claimed. For statistical purposes, self-employed owners and partners working in the business should be counted here, even if they do not qualify as "employees" for other tax purposes.										
	Number of owners/workers/ employees at facility beginning		Number at end of tax year			Change in total (end of year – beginning)					
	Number of employees transferred from another Colorado facility owned by taxpayer to this facility										
	Note The following section on average compensation is not required if it will reveal the compensation paid to any individual employee.										
	Employee Category (as defined by employer)	Number of Employees in category	Average Annual Compensation including benefits per employee			Average Hourly Compensation including benefits per employee					
AII (Full-time employees										
	Part-time employees										
	Temporary employees										
	Contract employees										

		INVESTMENT	TAX CREDIT (ITC)			
* If this was an in-state relocation, no the criteria in New Business Facilit				d with the reloc	ation u	inless the new facility meets	
Total capital investment in zone durin	ng year	Capital investment of	ualifying for ITC during ye	ar Amount of	3% EZ	Investment Tax Credit claimed	
\$		\$		\$	\$		
JOB TRAINING TAX CREDIT		Number of employees trained		Amount of '	Amount of 10% EZ Job Training Tax		
	NI	FW BUSINESS F	ACILITY JOBS CRE	DITS			
Number of qualifying	Γ	ialifying employees			tav		
new business facility jobs	leased from	another company? No	Amount of new business facility jobs tax credit claimed			\$	
Amount of agricultural processing new business facility jobs tax credit claimed \$				Amount of health insurance new business facility jobs tax credit claimed			
Enhanced Rural EZ credits:			Enhanced new busine tax credit claimed	ess facility jobs		nced agricultural processing jobs tax credit claimed	
Qualified County To claim new jobs credits, y	ou must	qualify under ON	l '	hraa critari:	<u> </u>		
1. If qualifying new busines		quality under Or	TE of the following t	ince criteria	•		
(a) Give date facility was established							
2. If qualifying expansion no	ew busine	ess facility:					
(a) Give date of qualification (b) Was qualification a result of \$\Bigcup \frac{1}{2},000,000 \text{ investment}\$ \$\Bigcup \frac{100\%}{2} \text{ investment increase}\$			☐ 10 employee increase over preceding 12 month average ☐ 10 percent employment increase over preceding 12 month average				
3. If qualifying replacement	new busi	ness facility:					
(a) Give date of qualification	a) Give date of qualification (b) Was qualification a result of						
	\$3,00	00,000 investment	or 300% investment in	crease			
	181	TAVDAVI	D CICNATURE				
I declare that all of	the above		ER SIGNATURE e and correct to the b	est of my kr	owle	dge and helief	
			Print Name			Date	
Title Business Name		Business Name		Colorado, F	ederal	al or Social Security Number	
Tax Preparer or other contact for follow up information (please print)			FAX		Phon	e	
			()			()	
			Email address		1,	•	
CERT I, the duly authorized adminis the State of Colorado, Depart	trator of th		ed Enterprise Zone, h			Effective Date of Zone for this Location	

FOR MORE INFORMATION ABOUT ENTERPRISE ZONES CONTACT THE AGENCIES LISTED BELOW:

the designated Enterprise Zone.

Signature of Zone Administrator

- Colorado Department of Revenue, Denver, CO 80261-0005. Phone: 303-238-SERV(7378). See "FYI" Publications for additional information: www.TaxColorado.com
- Colorado Office of Economic Development and International Trade, 1625 Broadway, Suite 2700, Denver, CO 80202. Phone: 303-892-3840. www.AdvanceColorado.com/EZ